

Grant Application Cover Sheet

Please fill out the following form and print two (2) copies of the completed Grant Application Cover Sheet to submit via mail or delivery with full proposal materials.

Legal name of your organization:

Street address:

Suite:

City:

State:

ZIP:

Contact person:

Phone number:

Fax number:

Email address:

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Small Grant Applicant?

Yes No

If "yes," please provide the current annual budget of the organization:

Is your organization tax exempt under Section 501(c)(3) of the Internal Revenue Code?

Yes No

If "yes," is your organization a private foundation as defined in Section 509(a) of the Internal Revenue Code?

Yes No

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What is this grant request for?

General Operating Support

Program Support

Other

If "Program Support," provide the name of the program that will be supported:

Indicate the time period in which the program to be supported will occur:

From:

To:

If "Other," please indicate the purpose of the grant request:

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Amount of your grant request:

Please note: If your grant request is for renewed support and reflects an increase over your prior grant, you must comply with the Trust's procedures regarding the justification of increased grant requests.

If a multi-year request, please indicate the annual payment amount requested:

If a multi-year request, please indicate the years over which the grant will be payable:

Please indicate the time period in which the grant will be spent:

From:

To:

Please indicate what part(s) of The Elizabeth Morse Charitable Trust Values Statement your grant request advances:

Tenet 1—Promoting “THISS:” promoting, instilling, and/or reflecting the values of individual and/or organizational thrift, humility, industry, self-sacrifice, and/or self-sufficiency;

Tenet 2—Relieving Human Suffering: relieving human suffering by: (1) performing research and/or promoting education regarding the treatment of disease; (2) assisting youth who are from disadvantaged backgrounds, have troubled childhoods, have physical or mental disabilities, or experience emotional disorders; (3) addressing the concerns of the elderly; and/or (4) providing succor to humankind during time of natural or human-made disasters;

Tenet 3—Developing Individual Self-Esteem and Dignity: developing within individuals, especially youth from underserved and/or under-resourced communities, a sense of self-esteem and dignity;

Tenet 4—Encouraging Vigorous Athletic Activity: encouraging vigorous athletic activity, leading to physical health and/or spiritual well-being;

Tenet 5—Developing Regional Solutions to Chicago’s Regional Challenges: developing regional solutions to Chicago’s regional challenges, thereby protecting and/or improving the quality of life for all its citizens.

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Please indicate the populations your organization serves. If your organization serves more than one group, provide a percentage breakdown of those served:

How many individuals will your organization serve through this grant?

Please indicate where these individuals reside:

What will be the cost to your organization per person served through this grant?

What is the total number of staff at your organization?

Full time:

Part time:

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What was the percentage of your organization's annual operating budget that were general, administrative, or fundraising costs for the previous fiscal year?

For the previous fiscal year, did your organization experience a decrease in net assets?

If "yes," by how much did your organization experience a decrease in net assets for the previous fiscal year?

Yes No

Please note: If your organization experienced a decrease in net assets or incurred an operating deficit for the last fiscal year, your Proposal must explain why and indicate whether a decrease in net assets or an operating deficit in the current fiscal year is anticipated.

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For the previous fiscal year, did your organization incur an operating deficit?

Yes No

Please note: If your organization experienced a decrease in net assets or incurred an operating deficit for the last fiscal year, your Proposal must explain why and indicate whether a decrease in net assets or an operating deficit in the current fiscal year is anticipated.

Is your organization carrying a cumulative deficit?

Yes No

Please note: If your organization is carrying a cumulative deficit, your Proposal must explain why and describe the plan to eliminate this deficit.

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Date of Application: